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INEBRIETY IN THE UNITED STATES ARMY.

[The facts in the following article were collected from the Medical Statistics of the United States Army, by Samuel Forry, M.D., of New York, and published in the last No. of the American Journal of Medical Sciences, from which we copy them, with Dr. F.'s accompanying remarks.]

Up to the present day, the statistics of intemperance in reference to etiology, pathology, and therapeutics, have been so loose and unsatisfactory, as not to allow of any accurate deductions. At the same time, all admit that among the various causes by which the vital energies of the human organism are impaired, no one is more efficient. The dreadful effects induced by inebriation are shown in the details of each military post. The writer attempted to condense certain cases under the head of *ebriety*; but as some medical officers reported no such cases, except under the general head of "*morbi varii*," the result, as regards the number of cases, falls short of the reality. Its agency, directly and indirectly, in the causation of phthisis pulmonalis and epidemic cholera, has been abundantly pointed out in these statistics; and its intimate connection with febrile diseases, diarrhoea, dysentery and hepatitis, although not definitely determined, is yet so apparent that it is constantly dwelt upon in the reports of medical officers.

In the northern division of the United States, taking the 40th parallel as the dividing line, the total of cases reported as *ebriety* is 1370, and the deaths 5, being 1 in 274; and in the southern, the total of cases is 2616, and the deaths 58, being 1 in 45. Assuming then that inebriation prevails to an equal extent in the two divisions, it appears that in northern latitudes it is attended with comparative immunity, as regards its immediate effects; for the deaths from this cause average in the northern division 2, and in the southern 23, annually, per 10,000 of the strength. But this subject admits of further elucidation.

Of *delirium tremens* there are reported, in the northern division, 102 cases and 3 deaths, being 1 in 34; and in the southern, 306 and 39 deaths, being 1 in 8. The annual mortality per 10,000 is, therefore, in the north upwards of 1, and in the south 16.

The total of *epileptic* cases, which generally arise from the excessive use of ardent spirits, is in the northern division 166, and in the southern 188, the annual ratio of each being 7 5-10 per 1000; but in this affection, too, the mortality is higher in southern latitudes, being in the former division 1 in 33, and in the latter 1 in 21 cases.

Of *apoplexy* in the northern division, the total of cases is 4, and in the southern 25, the ratio of the latter being six times as high. As the exciting causes of these cases were chiefly the intemperate use of spirituous liquors and exposure to the direct rays of the sun, several being reported as *ictus solis*, the higher average in the south might have been readily anticipated. In the southern division, the ratio of deaths to the cases treated is nearly twice as high as in the northern. As regards *phrenitis* and *meningitis*, it is found that the relative results, on a comparison of the north and south, are very like those of the preceding disease.

These are not, however, the only deaths arising from drunkenness. Of the 10 deaths reported as *sudden*, the majority is doubtless attributable to this cause. Of the 25 deaths from various *chronic visceral lesions*, the greater proportion has no doubt been induced by the same agent. The 85 deaths under the head of *casualties* have been reported principally as drowned, frozen, suicide, homicide, wounds and injuries—the result, in a great measure, of intemperance. In looking over the details of our salubrious posts, for instance those along the coast of New England, the most striking fact is, the low ratio of those that die from what may be regarded as natural causes. Perhaps four-fifths of the deaths at such stations are reported under the names of epilepsy, apoplexy, mania a potu, phthisis pulmonalis, atrophica, &c., with the remark to each case that it arose from the abuse of inebriating potations. The aggregate of deaths in the table furnishing these data, is 1104, more than one half of which may be traced to that war against nature, which claims more victims than the most fatal epidemics—epidemics, the visitations of which are viewed with dreadful apprehensions, whilst this moral pestilence is continuously in our midst, almost unnoticed.

An important step in suppressing habits of inebriety among our troops has been effected by the abolishment of the issue of spirits as a part of the daily ration of the soldier. Soon after the establishment of the Medical Bureau in 1818, the late Surgeon-general, Dr. J. Lovell, urged, with laudable zeal, upon the then Secretary of War, the importance of abolishing the use of whiskey among the troops, and of substituting an equivalent in vegetables or sugar and coffee; and although he repeatedly pressed the subject, maintaining that it was the cause not only of many of the irregularities of the service, but of vast expense to the public treasure by the increase of the sick list and by premature deaths and discharges; yet it was not until the administration of Mr. Cass, in 1830, that an order was promulgated directing that “the commissaries shall cease to issue ardent spirits as a part of the daily ration of the soldier.” When a man was obliged to swallow or throw away his ration of spirits, it was not to be expected that the best-directed efforts of commanding officers could effect anything towards suppressing the evil; and to convert temperate men into drunkards, it were difficult to invent a more successful plan. “To swallow nearly half a pint of spirits daily was,” says Henry Marshall, Deputy-inspector-general of Hospitals in the British army, “until the abolition of spirit-rations, a part of the *duty* of a soldier; and that this duty might be effectually executed, it was the usage of the service

in many stations to have it performed under the immediate superintendence of a commissioned officer, who certified to his commanding officer that he had actually seen each man drink his *drams*."

What a commentary does this chapter afford on the *morale* of the army! But the explanation is to be found in the fact that those who fill the ranks are mostly such as have proved themselves unfit for the trusts of civil life; and among British troops, the influence of the depressing passions, as is evinced by the extremely high ratio of suicides, is still further increased by the hopeless nature of the service, all enlistments being for an unlimited period.

What a long and frightful catalogue of ills follow in the train of this moral evil; tubercular phthisis—dyspepsia with its manifold miseries—inflammation of the stomach, liver, pleura, brain and its membranes—jaundice, dropsy, diabetes, gout and delirium tremens! Among certain causes which are known to increase the tendency to inflammation—*causes of debility*—intemperance in the use of strong liquors is one of the most prominent. Another effect resulting from habitual intemperance is a peculiarity of constitution, which disposes, in a remarkable manner, to chronic inflammation and slow deposits of solid lymph in the lungs, liver, kidneys, and the lining membrane of the heart and arteries. Again, the fever attending inflammation in such constitutions, is disposed to take the typhoid form.

In the United States, in consequence of the cheapness of ardent spirits and the comparative pecuniary comfort of our citizens, by which the means of this kind of indulgence is placed within the reach of all classes, delirium tremens is a common disease. Very great improvement, however, in the habits of the people, in this respect, has been within a few years effected.

A CASE OF THYMIC ASTHMA.

BY WILLIAM C. ROBERTS, M.D., OF NEW YORK.

[Communicated for the Boston Medical and Surgical Journal.]

GEORGE PROCTOR, aged 9 months, of a strumous diathesis, was, at the time of his death, fat, strong and active. His evacuations during his whole life had been frequent and green, and were rather more so latterly. He had not had any cough preceding his death, nor had he any mucous rattle at that time. About the first of January last he was first observed to "catch his breath;" that is, to make a crowing shrill noise on inspiration; at first only once at a time, and as the disease advanced several times in succession, and during sleep. In the mean time he was gay, hearty, and nursed freely. Two months ago, he had *two spasms*; in which he crowed, turned rather purple, fell back in his mother's arms, stretched himself out, and was stiff. In a few seconds he came to again, broke out into a cold sweat, and then fell asleep. Nothing approaching to blueness of tint had ever been observed about him. He had two more of these "*spasms*" afterwards, in the last of which he died. He

always, his mother says, "cried as if it hurt him," and when he did so, she noticed, I having desired her to do so, that the thumb was always drawn into the palm of the hand. On the 28th of March he was as well and playful as usual, but had more frequent "catchings" of his breath on that day. At 4 P. M., while sitting on his mother's knee, playing with her thimble, he had a spasm, and instantly expired. Dr. Jno. Stevens was called to him immediately, but life was extinct.

Autopsy.—Both lungs presented a similar appearance; they felt externally firm and crepitated little; internally, though their natural spongy structure was perfectly evident, and they were not at all friable, and crepitated beneath the knife, they were congested, contained more blood than natural, and much aerated fluid escaped from the incisions on pressure. I did not examine the bronchi, until they had for some time lain in water; they then presented no evidences of inflammation. The thymus gland was four inches long, and three and one fifth inches broad; it was six-tenths of an inch in thickness, and weighed *eleven drachms* (660 grains). The right lobe was thicker and longer than the left, and covered the heart to its lower edge. The right lung was pushed back in the thorax, so that on opening that cavity it did not appear, its place being occupied by the thymus.

The heart was of natural size. The walls of the left ventricle might be a little thick (half an inch), its cavity small, and the columnæ carneæ fleshy; but on comparing with a healthy child's heart, I could detect no material difference. On laying open the auricles and holding the septum against the light, *the foramen ovale appeared perfectly closed*. The blow-pipe detected a minute orifice at the bottom of the pocket of the valve, through which a bubble of air passed; but I have the authority of Drs. Swett and A. Clark for saying, that for all practical purposes, *it was impervious*. There was no communication between the ventricles.

The liver was healthy; the gall-bladder atrophied, of a pale sea-green externally, and contained only a little saffron-colored mucus. The small intestines were of a light purple color externally—internally, they displayed much erythematous redness—many isolated follicles existed; many of Peyer's plates were hypertrophied, red, and had a bright-red areola, with injected vessels passing to their circumferences. The m. m. was softened. The large intestines were pale; the isolated follicles numerous and hypertrophied.

This is an undeniable case of Kopp's, or thymic asthma, terminating fatally *suddenly*, and of a paroxysmal character, such as had been previously described by Kopp, by Montgomery, by Hersch and Flachmann. It is the first species of that disease, of which I have described *a second form, accompanied by different symptoms*, and not, as I am said to have done, a "new disease, entirely distinct from thymic asthma."—(See Monog. p. 148.) The gland is the heaviest on record, of which accurate measurement has been taken. I suppose that it will not be contended, either from the state of the foramen ovale (upon the open state of which in all of Kopp's cases of "thymic asthma," in Dr. Hamilton's, and in nearly all where the thymus has been found greatly enlarged," Dr. Lee, who does "not admit there is any evidence to show that hypertrophy of

the thymus simply, does cause disorder, either in the vascular or respiratory system," [Monog. p. 153] lays great stress), or from the symptoms, that this was "a clear case of cyanosis." Neither did the enlargement of the thymus depend upon an open state of the foramen ovale, nor on "any obstruction to the circulation through the lungs." The hypertrophy of the thymus, *and that, I imagine, will not be contested*, was the primary cause, then, of the condition of the lungs and heart, and of the symptoms and result. What are we to think, then, of the "conclusions to which, after a full and impartial survey of the whole subject," the author of the Monograph on the Thymus Gland, in the American Journal of the Medical Sciences for January, 1842, arrives? which are as follows: 1st, That "thymic asthma" and "spasm of the glottis" are the same disease, &c.; occasionally, perhaps, owing to enlarged cervical glands, *but very seldom, if ever, to a similar condition of the thymus*" (p. 154); and also, that in a large majority of cases, where we have reason to believe the thymus was of abnormal weight, "such enlargement is to be regarded in the light of *an effect and not a cause* of the morbid symptoms" (p. 154). The same author, in his fourth proposition, asserts that, "in most of the cases which have been latterly adduced to support the theory of the thymic origin of the croup-like convulsion, there is no satisfactory proof that the thymus was enlarged." A weight of eleven drachms and a thickness of over half an inch, facts which were ascertained by Dr. Jas. B. Kissam, in my presence, would, I should suppose, satisfy the most sceptical as to the reality of such enlargement in the case before us, which case appears to me to establish, in a manner not less satisfactory than fifty thousand similar ones could do, the existence of a peculiar set of symptoms, entitled "thymic asthma," "laryngismus stridulus," or what the reader pleases, *depending on enlargement of the thymus gland alone*—a circumstance certainly of no mean importance in a practical point of view. Theory, on this subject, will, I suspect, as on many others, be found to be opposed to the evidences furnished by pathological anatomy, which it seems to be the fashion now-a-days, in some high quarters, to disparage.

Note.—I would thank the reader to turn to the accurately-reported case by Dr. Swett, in the No. of the New York Journal of Medicine and Surgery for January, 1840, which is *in every respect* identical with that which I have now reported. On comparing them, one is irresistibly tempted to exclaim, with the author of the Monograph—"how *improbable* that the slight compression, if even such there be, exerted by the thymus in cases of its greatest enlargement, should lead to a fatal termination" (p. 154). I beg to add my conviction that if slight pneumonia, or bronchitis even, had supervened in this case, the fatal termination would have been marked with the "peculiar symptoms" which constitute the second form of this disease.

It may be useful, in the present state of the question, to state the differential diagnosis between cyanosis and pure thymic asthma. *Cyanosis* is characterized by fits, in which, for a few minutes, respiration is entirely suspended; the eyes are vacant; the hue of the face changes, and the pulse is extremely irregular. In the course of ten minutes, the blueness

extends over the whole face; afterwards the extremities become blue and cold, and the pulse scarcely perceptible. While in this condition the child suddenly screams, is convulsed, and with two or three sudden inspirations the circulation is again restored, and the skin recovers its natural hue.—(Stewart.) Organic malformations of the heart have existed without the presence of a cerulean hue, or the evidence of the usual distressing symptoms, but in every true case where these symptoms do exist, I suppose the presence of that hue to exist, though I do not observe this to be stated. In every case of this disease there exists either an open state of the foramen ovale, or a preternatural opening between the ventricles, or an altered state of the right cavities of the heart, or some other congenital malformation, capable of disordering the circulation. In pure thymic asthma, the pathognomonic symptom is a “crowing inspiration,” not occurring in cyanosis; the paroxysms are shorter; carpo-pedal spasm is often present, and there is no discoloration of the skin at any time, except what occurs at the moment of the paroxysm, and that is slight and limited. It is now satisfactorily shown that a merely enlarged thymus, without any other organic malformation of the heart than a slight degree of hypertrophy of the left ventricle (consequent), is sufficient to give rise to the symptoms, even if other causes, not connected with the heart, are deemed to cause its occurrence. The propriety of considering them as *distinct diseases*, is very apparent from this summary of the leading symptoms of each.

It may serve to elucidate the *questio vexata* of the size of the thymus, if I state that on the same day I made the post-mortem examination of a boy a little over three years old, who died of hæmatemesis, while convalescing from scarlatina. The thymus in him was one and a half inch broad, two and three quarter inches long, and one fifth of an inch thick, and weighed eighty-two grains. If, as some have asserted, the thymus weigh at birth two hundred and forty grains (which there is no evidence to prove), and grow till the end of the second year in proportion to the rest of the body, the rate of diminution after that time must be *pretty rapid*.

The reader will find, in the April No. of the American Journal of the Medical Sciences, an extremely interesting paper on “laryngismus stridulus,” by Dr. George A. Rees, of London, to which every one interested in the subject should refer. It contains the case of a child who died suddenly, aged nine months; the lungs and brain were healthy; *the thymus was four inches three lines long, two inches five lines broad, and weighed seven and a half drachms* (450 grains). The heart was healthy, but its right cavities were engorged. The foramen ovale, alas! was not examined; probably because the careless doctor never once suspected, though he saw the child often for many months, that he had nothing but a “clear case of cyanosis” to deal with. But a new light has fortunately dawned on the profession, *and we now know* that the enlargement of the thymus is only apparent and has nothing to do with the symptoms! I pity the narrow views of Dr. Rees, as expressed in the following passage:—“I believe, in these cases, that hypertrophy of the thymus gland will almost always be found to be the cause of the mis-

chief. I have opened as many as six or eight young infants, dying suddenly of laryngismus stridulus, and have always found the thymus much enlarged, weighing *five, six or seven drachms.*" Dr. R. has yet to learn that a weight of an ounce has yet to be shown to be abnormal "by further observations"—(Lee)!! He will doubtless scrutinize the foramen ovale for the future in his dissections, and beware how he errs in his diagnosis. To be serious: there is a vast deal in this excellent practical essay from the pen of one *who has seen a great deal of the disease at the bed-side*, and investigated its cause with the scalpel (not speculated on it in the study, and examined it with the point of the pen), which I would most willingly transcribe if space allowed. I can only commend it to the special notice of the reader.

April, 1842.

SCARLATINA AND BELLADONNA.

[Communicated for the Boston Medical and Surgical Journal.]

THE experience and observation of more than fifteen years with belladonna, in scarlatina, incline me to the belief that it is not properly appreciated. It possesses great integrity in medical properties; and some of its most manifest ones are diaphoretic and diuretic, acting upon the bowels, and it decidedly moderates nervo-muscular irritability. I do not wish to be understood that I attribute to it prophylactic powers.

When we consider the phenomena of disease—of fever, of inflammation, of smallpox, of scarlatina, &c.—we, according to the established rules of physics, compare the relation between them, and naturally enough bring into our consideration, also, those agents, made use of in a reasonable practice, and their influence upon animal life in health and disease.

It is observed that scarlatina is mostly confined to childhood, a period of life of great susceptibility—that disasters are most common among children of the most lively temperaments, and those whose appearances are the most flattering. It is noticed that when the affection is of an elevated degree, the sensibility is greatly increased. In the commencement of scarlatina, we particularly notice this elevated state. The irritability of the whole organism is greatly increased, the heat is very intense, amounting to 108 degrees Far., and sometimes more. The pulse are very frequent, often beating to 140 in a minute; sometimes quite small, but generally very full and hard. These premises lead to important subjects of inquiry, viz.: 1st, What is its nature? 2d, By what means is it best treated?

1st. Scarlatina seems to be an increased action of the smaller vessels, particularly of the surface, and membranes about the throat, &c., joined with a peculiar action, by which they are enabled to produce the following results:—to unite parts of the body to each other; to form pus; to remove parts by ulceration; to cause effusions; and in severe cases to produce fatal collapse, &c. Most of these results are known to be produced by common inflammation. But again, in mild cases, we see none

of the above results; the affection, after about the third day, begins to abate, till at length, after a period of from five to ten days, the system returns to the natural state, which phenomena we see in mild cases of inflammation. From these facts, what is the judgment? It must be given according to the evidence—which is, it appears to be purely an inflammation of the small vessels of the whole system, concentrated about the throat.

2d. It is observed that there is a greatly increased state of the sensibility, in a severe case of scarlatina, and that there is a greater degree of heat than in common fevers, and when it is on an elevated degree the patient cannot endure the contest, and it is soon over. It is supposed that animal heat is modified and controlled by the laws of vitality; and that the brain and nervous system perform an important part in its generation and evolution. Consequently it is inferred that the brain and nervous system have a great deal to do in modifying scarlatina, and that those agents that moderate the sensibility of the nervous system, with the most certainty, will be found the most powerful and certain to modify and control scarlatina. Entertaining these views, fifteen years ago I adopted the following course of practice, viz.: to moderate the increased state of the nervous system, in the beginning of the affection. Blood-letting is believed to be the most prompt and powerful agent we possess; consequently it is premised in preference to everything else. I allow the formative stage to go on, favored with draughts of sage tea, without interrupting it with emetic, cathartic, or anything else, when there is spontaneous vomiting; and when there is not, it is encouraged by ipecac. Wait for the febrile paroxysm to take place, which opportunity is embraced to take blood, after which I commence with small doses of belladonna, so as slightly to affect the nervous system, and maintain this state with as much regularity as possible, giving no other medicine, except occasionally castor oil, restricting the patient to the most bland farinaceous diet possible, together with sponging the surface.

The fact that children of the most lively susceptibility are the most common victims to this affection, favors these premises, viz.: that the danger depends mostly upon the elevated state of the sensibility in the commencement; and to moderate this elevated state, without too much prostrating the vital powers, is the most reasonable practice. For this purpose I have never found anything to supersede belladonna, and from the experience I have had with it, I believe it absolutely to control the affection, when skilfully given, in season, and to effectually prevent canker. Tobacco operates upon the same principle in curing croup, when early given; and that every inflammation is relieved and brought to a resolution by the same principles, is too well known to need further remarks. It is rather difficult, to be sure, to bleed small children; but I always open a vein when deeming it necessary to take blood, believing that I am far short of my duty if I neglect it.

It is thought that any stimulant, however slight, aggravates this affection most sensibly, and ought to be forbidden. Opium is decidedly objected to, being too stimulating in its first operation. I have known children in this affection to fall into a collapse, so soon after taking a

small dose of Dover's powder, as to favor the conclusion that it was the result of the powder. Calomel is objected to because its after operation is too stimulating and liable to affect the glands and increase the swelling about the neck. Tart. ant. is objected to when given so as to nauseate the stomach, because it is liable to prostrate too rapidly.

Conclusion.—Scarlatina being a self-limited affection, does not require alterative treatment, but rather a moderating one. DANIEL GILBERT.
April, 1842.

MEDICAL ENCOURAGEMENT OF QUACKERY.

[Communicated for the Boston Medical and Surgical Journal.]

I HAVE recently seen, in several of the medical journals, some just strictures upon the clerical encouragement of quackery, and should be pleased to see it copied into the religious journals, that it might be brought more immediately under the consideration of those more particularly concerned. I suppose there is not a member of the medical profession who will not admit the justness of those strictures. My object in this communication is to discover to them the beam in their own eye. It is a matter of much regret, among the members of the dental profession (I speak particularly with regard to the South and West), to see the facility with which our quacks receive the influence and certificates of even our most reputable physicians. The greatest quacks I have met with in our profession, have had the largest piles of certificates from M.D.'s. How often have I seen sets of teeth entirely ruined by injudicious operations, which have been afterwards referred to in the following manner—"Our family physician recommended him, and we supposed he ought to have known his qualifications." The family physician is the natural adviser on such occasions. Yet how few physicians are fully capable of giving a correct opinion, except where time has fully tested the operations. Their studies have seldom been directed to that point, it being left to those who make that branch their sole pursuit. The recuperative powers of the system are such as to correct much that is erroneous in the practice of medicine; but so low are these powers in the teeth, that in dental surgery an unskilful operation is a permanent injury. It is not every operation that looks well, or remains for six or twelve months, that has preserved the tooth or restored the organ. How frequently does it occur that a physician will see a tooth inserted which looks admirably, and for which the operator is indebted to the manufacturer; or see a cavity closed with a metallic paste which soon hardens, and conclude that all is right, and straightway give a flaming certificate recommending "all who wish their teeth preserved to call on Dr. —, who is eminently qualified, both scientifically and practically, as a surgeon dentist," when perhaps a month previous the same cobler might have been found on his bench, without a higher ambition than to mend the *understandings* of his neighbors; but now, emboldened by the distinguished success of his brother tinker, aspires to be called doctor and fill his pockets from the credulity and gullibility of the community.

I know an individual who was a short time since, if he is not now, offering his services with the certificate and influence of some of our most respectable western professors, in the use of that abominable amalgam of silver and mercury. I am also acquainted with several cases where mere tyros or empirics have come to the West and South with highly commendatory letters from some of the most distinguished eastern professors, whose knowledge of their qualifications must have been meagre indeed; or in some instances they may have supposed that the medical diplomas conferred fully qualified them for the discharge of every profession. I would by no means disparage the advantages of a good medical education; but to rely upon a common medical education for the practice of dental surgery, is as absurd as to rely upon a common collegiate education for the practice of medicine. Both are good substrates, but equally insufficient in themselves.

It may then be asked, "upon what evidence shall a physician rely in commending the services of a dentist to his friends?" I would answer, rely upon the same evidence as in commending the services of a medical man, either a diploma from some responsible institution, or the knowledge of his long and *generally* successful practice. Although we have yet but few diplomas extant from our young College, yet we have an association embracing most of those eminent in our profession, which is not only willing, but anxious, to extend its diploma of membership to all who will give sufficient evidence of merit. In this manner, with the generous assistance of our medical brethren, we hope soon to place a just distinction between true merit and quackery—a result most devoutly to be wished for in every department of science.

E. TAYLOR.

Natchez, Missi., March 31st, 1842.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 27, 1842.

DEATH OF DR. DOANE.

No physician in Boston, in any period of its history, has passed through the phases of professional life, from beginning to end, with more true success than the late lamented Dr. George B. Doane, whose death was announced in the Journal last week. To a well-cultivated mind, and the most exact deportment of a gentleman, he added, in an eminent degree, a kindness of manner, and a sympathy in the very expression of his face for those whose misfortunes obliged them to consult him, that made him truly the beloved physician. Dr. Doane was unobtrusive, yet vigilant and active in the sphere where he achieved a reputation for being the friend of the friendless, and an almoner of the poor. He was careful not to interfere with the rights of his medical brethren—nor was it ever said of him that he indulged a prejudice or gratified a jealous disposition, by underrating the attainments or powers of any one whose popularity might at some future period interfere with his own schemes

of ambition. This is the sunken shoal on which many physicians are wrecked. Jealousy, subjoined to an impetuous, fault-finding temper, that never allows the unhappy possessor to discern a redeeming trait of character in an inoffensive rival, whether in science, literature or social neighborhood intercourse, is the rock on which many a practitioner is dashed in pieces; and yet, when he finds himself bereft, as he assuredly will in the sequel, of such friends as can only be procured by the conscientious exercise of the law of forbearance—by doing as one would be done by—he marvels at the ungenerous treatment of the world, and hates those who would have aided him, had they not been driven off in disgust by his own determined acts of persevering ill treatment. Dr. Doane's life will bear inspection now he is dead. No person speaks ill of him—for it could not be done with a single ray of truth. Those who strictly copy his uniform course, both with the sick and the well, will secure the respect of the community while they live, and the influence of a well-spent life will not die with them.

*Homœopathy and its kindred Delusions.**—When Mr. Ticknor, the publisher, sent us the little book with this title, he conferred a favor, as we had been assured that the author, alike celebrated for ready wit, a good song, and candid investigation, had accomplished a desirable task. The short of the matter is this: some time the past winter, Dr. Holmes delivered two lectures before the Boston Society for the Diffusion of Useful Knowledge, which were exceedingly popular, and now they are sent abroad in the form of a compact, good-sized 12mo., of seventy-two pages, the price of which is only twenty-five cents. These lectures were not designed exclusively for medical readers, as may have been supposed; but are adapted to the tastes of all sensible people, who love instruction mingled with innocent amusement. Even Hahnemann himself, the grand lama of the order of homœopathists, might doubt the efficacy of his own pellicles after reading these essays. Fully believing that an extensive circulation would bring back a multitude of respectable ladies and gentlemen to their senses, who are now under the influence of a spell that has actually made them ridiculous even in the sober estimation of those who medicate them so genteelly under the talismanic name of homœopathy, the book is respectfully recommended to the patronage of the honest well-wishers of humanity. There are many worthy, but superficial-thinking homœopathic practitioners, who are full in the faith, yet never stop to reason upon the *rationale* of the specific action of the infinitesimal potions which they prescribe; and there are also many, it is apprehended, who are depredators upon the unreflecting public, having neither conscience nor skill. Determined to profit by the credulity of the age, and the innate disposition of mankind to be wheedled out of their hard earnings, their ready money, their landed estates, and their credit and health, they grow fat while their patients become lean.

Insects of Massachusetts.—By direction of the Legislature of Massachusetts, somewhere about the year 1836, several gentlemen, of supposed qualifications, were appointed to examine the natural history of the State.

* *Homœopathy and its kindred Delusions*; two Lectures delivered before the Boston Society for the Diffusion of Useful Knowledge. By Oliver Wendell Holmes, M.D. Boston: Wm. D. Ticknor. 12mo. Pp. 72. 1842.

In the series of reports, there are some stupid efforts at display, in which there is neither originality, learning nor discovery. But that on the insects of Massachusetts, injurious to vegetation, is a charming undertaking, that delights the reader, while he is permanently benefited by the study. We allude to the report by Thaddeus William Harris, M.D., of Cambridge, a son of that excellent man and distinguished divine, Thaddeus Mason Harris, D.D., whose death was recently announced. In the multitude of things which come rolling in from day to day, that require to be read in order to keep pace with the current science of the times, in which we are necessarily engaged, this work by Dr. Harris has been too long overlooked. We would atone for this apparent neglect, by presenting its claims to the immediate attention of all our medical friends who are at all interested in the invigorating pursuits of horticulture, or, in a broader sense, are practical farmers. The personal history which Dr. Harris gives of the little insects that prey upon our fruits, our flowers, vines, and trees—aye, and that bite or sting us too, is related with a simplicity and exactness that make him one of the most interesting writers in the country. The beauty of his descriptions does not consist in an interminable catalogue of names for a bug, that would load an elephant; nor does he make such prodigious efforts to show that no one knows anything about entomology but himself, as to exhibit a vanity that is sickening, and a pugnacity disgusting to a well-bred scholar. No division of the far-famed Library of Useful Knowledge is any better or more captivatingly written than this work by Dr. Harris. But, let it be remembered, the whole, consisting of four hundred and fifty large-sized octavo pages, expressly relates to the "*Insects of Massachusetts injurious to Vegetation.*" Should Dr. Harris never print another book, his name would be preserved on the cover of this, with the reputation of a close student, a patient, philosophical observer, a critical, learned, industrious naturalist, who has left but little for the future entomologists of the Commonwealth to accomplish. Foreign as these observations may at first appear, from the legitimate pursuits of our Journal, it is gratifying to bear testimony, in this public manner, to the distinguished scientific attainments of a physician of Massachusetts, who exhibits in his onward progress the verity of an old proverb, that industry shall not go unrewarded.

Medicine and Surgery in Cities.—Those who know but little about the difficulties attending an introduction to practice in cities, altogether overrate the incomes of the most successful surgeons and physicians. The supposition is, that they acquire great fortunes with rapidity. It is a mistake; great fortunes are rarely acquired by the ordinary course of professional industry. Even if a large property is ultimately collected in this manner, the individual seldom lives long to enjoy its advantages. There are many collateral routes to a competency, which professional gentlemen sometimes avail themselves of, that are less arduous than the ordinary routine of business. Three or four persons in all large cities, with perhaps a few exceptions, monopolize the most valuable patronage—and it will always be so. It follows, therefore, that a majority of that large body of physicians who establish themselves in such places, lead lives of anxiety and hope deferred, and suffer from a multitude of petty grievances and real troubles unknown to the independent practitioner of the country. Because the city is overstocked with them, it is by no means an evidence

that they are all profitably employed. Very large companies of the disappointed ones, excellent and meritorious in all the relations of life, linger away their days in hoping to make up for lost time by-and-by, who would secure an ample livelihood in the interior. Some have not the tact of applying their knowledge to the good of society—a misfortune instinctively discovered by the people, and which it is useless for them to contend against. *Over acting*, and *not acting*, are the extremes that mar the prospects of very many city physicians. Those in the country are in less bondage than the brotherhood in town; the first, in one sense, is his own man, the latter every body's man.

Quebec Marine Hospital.—By looking at an advertisement on the last page, the particulars of the scheme of a summer course of lectures, worthy of the attention of students, will be found. The advantages in the hospital are of the highest order; and with regard to the faculty, we have no hesitation in saying that they are entitled to the perfect respect and confidence of all who may visit the institution. There is another advantage not to be lost sight of, viz., the acquisition of the French language. Even the residence of one lecture term would give the student a facility in the pronunciation, at least, if not in reading medical authors in that tongue, that would be invaluable to them in after life.

Mechanical Dentistry.—It may seem like favoritism to notice particularly the mechanical ingenuity of any one dentist in Boston, to the neglect of the rest, since they have uniformly, as a profession, sustained themselves with an enviable distinction, and they are acknowledged not to have been excelled by those of any other city. We were led to this remark by having had a favorable opportunity of examining a specimen of the dental ingenuity of Mr. Willard W. Codman, an operative dentist at No. 20 La Grange place, which fully equals the original, for the loss of which he has manufactured a substitute. Entire confidence may be reposed in the competency of Mr. Codman to accomplish, in an elegant and durable manner, the various contrivances of the art of dentistry. For several successive years he was employed by Drs. Harwood and Tucker, who tolerate no second-rate workmanship.

Ophthalmic Surgery.—Dr. William C. Wallace, of New York, attached to the professorial department of the Castleton Medical College, is now in Vermont, and while delivering his regular series of lectures on ophthalmic surgery, will operate on the various diseases of the eye, requiring surgical treatment. He is familiar with the organ in all respects, both as an anatomist and a successful operator, and we hope those suffering from any malady of the eye, in that section of Vermont where he is lecturing, will avail themselves of Dr. Wallace's profound attainments and skill.

A Man without Arms.—At Harrington's Museum, in this city, there is a man on exhibition, the singularity of whose appearance, without arms, strikes the visiter with strange sensations. But being minus the upper extremities does not by any means constitute the whole curiosity

of the show. He uses his toes with just about as much facility as common people do their fingers, and far more industriously than some make-weights in society, since he earns his own living. Mr. Nellis, the unfortunate individual, now about 22 years of age, is a native of Pennsylvania, and, thus far, has succeeded in obtaining an honest income by exhibiting himself. This is perfectly justifiable, since there is no other mode by which he could procure the necessaries of life. With his toes, surprising as it may appear, he readily *handles* a pair of scissors, shaves himself, writes, and, to crown the list of improbabilities, performs delightfully on the accordion! This is only another evidence, in the long chain of proofs that might be adduced, to show the extraordinary capabilities of certain muscles, when regularly trained to the performance of vicarious labor.

In connection with this anomaly, it occurs to us that we saw a stranger at the Worcester depot, a while since, a remarkably tall man, who had a large, well-developed hand projecting from the top of either shoulder. The arm of one hand was apparently not far from six inches long, the other being considerably shorter; yet the wrists were of the usual dimensions. To use either hand, he was obliged to stoop down or edge up to whatever object the hand was to be used upon. The defect, in this case, was exceedingly striking.

Columbia College.—With a copy of Dr. Miller's address to the graduates of the medical department, last month, came a list of those who received degrees, which we have already published. The address itself is exceedingly interesting and worthy of extensive circulation.

Treatment of Club-foot.—The surgical treatment of congenital club-foot, says M. Guérin, of Paris, ought to comprehend the section of the tendons of those muscles whose retraction causes the pathological form of the foot:—when the heel is elevated, the tendo-Achilles; when the foot is turned on its external edge, the tibialis-anticus; when on its internal, the anterior-peroneus, and the whole or part of the extensors of the toes; for forced adduction of the foot, the tibialis posticus; for abduction, the peronic laterales; for curvature of its internal edge, the adductor of the great toe; for extension or permanent flexion of the toes, the section of the tendons of the corresponding muscles; and finally, the simultaneous section of the tendons of those muscles whose simultaneousness of retraction causes the different combinations of form which club-foot presents. The mechanical or consecutive treatment of club-foot ought to rest on the same data; that is, we should employ apparatus, the centres of which ought to answer to the centres of motion of the displaced articulations, and whose efforts should act in a direction exactly opposed to the action of the retracted muscles.—*Dublin Journal.*

Cramp in the Stomach. By ROBERT GRAHAM, Surgeon.—About eight or nine years since I had a patient in Glasgow, a married lady, about 30 years of age. She had had a large family previous to my acquaintance with her, but had for many years been subject to violent attacks of cramp in the stomach; on account of which I was first called to see her, and at

which time I thought she would have died. I need not enumerate the antispasmodics which were used at that time; having then and subsequently tried all those recommended for the complaint, without being able to say that I had even succeeded in checking the spasm for the time. It seemed eventually to wear off of itself. I had bled her, which gave relief for once; but it was followed by such weakness, that when called to witness another attack two or three days after, I dared not repeat it.

The thought, by-and-by, crossed my mind, that I could produce a counter spasm; so I took a strong tumbler, and with a bit of lighted paper applied it as a cupping-glass over the stomach, when almost immediately I had the satisfaction of hearing my patient, who could not speak a moment before, exclaim, "the pain is gone." Since that time it has invariably been a source of relief with her when attacked; and I do not recollect of its ever failing, if a large cupping-glass was applied firmly once or twice over the part.—*London Lancet.*

Hæmorrhage from the Extraction of a Tooth.—Dr. Mantell states that in a case of profuse hæmorrhage from the extraction of a loose tooth, in a child seven years of age, after all other methods had failed, and a fatal termination was expected, constant pressure was effected by a gold plate accurately adapted to the gum, by a dentist, and the bleeding was effectually suppressed. The means specified by Mr. Roberts, in the 22d No. of the *Lancet*, had previously been had recourse to with but temporary effect. A paste of plaster of Paris placed on the gum in a soft state, afforded upon its consolidation a firm compression, and the hæmorrhage was controlled for several hours; but on taking food the application was loosened, and the bleeding returned. The young lady, the subject of these remarks, had been suffering from purpura hæmorrhagica; and on a previous occasion alarming hæmorrhage had followed the accidental removal of a loose tooth.—*Ibid.*

MARRIED,—At New York, J. W. Bradshaw, M.D., to Miss M. Haight.

DIED,—In New York, Dr. Zebulon W. Seaman, 54.—On shipboard, two days out from Savannah, bound to Havre on account of ill health, Ezekiel W. Leach, M.D., of Boston.

Number of deaths in Boston for the week ending April 23, 59.—Males, 30; Females, 29. Stillborn, 4.

Of consumption, 13—scarlet fever, 9—lung fever, 5—convulsions, 1—teething, 1—inflammation of the bowels, 2—erysipelas, 1—debility, 1—diarrhœa, 1—fits, 4—typhus fever, 2—old age, 2—chicken pox, 1—smallpox, 1—inflammation of the brain, 2—accidental, 1—burn, 1—dropsy, 1—catarrhal fever, 1—mortification, 1—tumor, 1—apoplexy, 2—stoppage in the bowels, 1—pleurisy, 1—disease of the kidney, 1.

ALBANY MEDICAL COLLEGE.

THE annual session of Lectures will commence on the first Tuesday of October, and continue sixteen weeks.

Surgery, by ALDEN MARCH, M.D.
Theory and Practice of Medicine, by JAMES McNAUGHTON, M.D.
Obstetrics, by EBENEZER EMMONS, M.D.
Materia Medica, by T. ROMEYN BECK, M.D.
Chemistry, by LEWIS C. BECK, M.D.
Anatomy, by JAMES H. ARMSBY, M.D.
Institutes of Medicine, by THOMAS HUN, M.D.
Medical Jurisprudence, by AMOS DEAN, Esq.

Lecture fees, \$70. Matriculation fee, \$5. Graduation fee, \$20. Boarding, from \$2.50 to \$3.00 per week. J. H. ARMSBY, M.D., Registrar.

ALDEN MARCH, M.D., President.

Al. 37—10

TO PHYSICIANS AND APOTHECARIES.

DAVID F. BRADLEE & Co., wholesale and retail Chemists and Druggists, *Central Depot, No. 19 Cornhill*, near Washington street and Dock square, Boston, have selected and imported a very choice selection of Medicines and Chemicals from the well-known establishments of MANDER, WEAVER & MANDER, and others, of England; also all the valuable French and other foreign medical and chemical preparations; in addition to which, they have brought together all the superior American preparations, Magendie's and Dunglison's New Remedies, &c.—the whole including all the recent discoveries in medicine and chemistry from each section of the scientific world. They likewise keep constantly on hand, or supply to order, every variety of Surgical Instrument, &c. Dentists also supplied with superior specimens of all the articles used in their practice. Homœopathic Books and Medicines furnished to order.

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David F. Bradlee, }
John W. Warren. }

Mh. 16—e3wly

MEDICAL INSTRUCTION.

THE subscribers at their room, 5 1-2 Tremont Row, continue to give instruction in all the branches of a thorough medical education, in connection with attendance on the Massachusetts General Hospital and the Infirmary for Diseases of the Lungs, the practical study of anatomy, &c.

Ap. 6—

H. I. BOWDITCH,
H. G. WILEY,
G. C. SHATTUCK, JR.
S. PARKMAN.

INFIRMARY AT CONCORD, N. H.

FOR the surgical treatment of diseases of the eye and ear, club-feet, curvature of the spine, and other distortions of the joints, whether arising from muscular contractions or other causes.

Concord, N. H., March 25, 1842.

Ap. 6—

THO. CHADBOURNE, M.D.
WILLIAM D. BUCK, M.D.

SUMMER COURSE OF LECTURES,

AT THE MARINE HOSPITAL, QUEBEC.

THE situation of Quebec—the great amount of shipping which its harbor contains during the summer season—the number of emigrants, seamen and strangers, which during that season increase its population—the many and various diseases and accidents admitted into the hospital (amounting during the last year to nearly 1,900 patients), are some of the advantages which render that city a most eligible place for the establishment of a school of medicine and surgery.

To enable the medical student to derive the greatest possible advantage from this extended field of observation, the undersigned have resolved, during the ensuing summer, to give a course of Lectures on the following branches:—

Surgery and Surgical Anatomy, by JAS. DOUGLAS, M.R.C.
Midwifery and Diseases of Women and Children, by DR. PAINCHAUD.
Practice of Physic, by JAS. SEWELL, M.D.
Medical Jurisprudence and Pharmaceutical Chemistry, by J. RACY, M.D.

The course will commence on the first Monday in May, and terminate on the first Saturday in October.

In connection with the above, a full course of Anatomy will be given during the winter months.

Ap. 13—4t

J. DOUGLAS, M.R.C.
JOS. PAINCHAUD, M.D.
JAS. A. EWELL, M.R.C.E.
JNO. RACY, M.D.E.

MEDICAL INSTITUTE OF PHILADELPHIA.

LOCUST STREET, ABOVE ELEVENTH.

THE Course of Lectures will commence on Monday, April 4th, and continue until the last of October ensuing, with the exception of August, which is a vacation.

LECTURES

On Practice of Medicine, by N. CHAPMAN, M.D., W. W. GERHARD, M.D.
Anatomy, by W. E. HORNER, M.D., PAUL B. GODDARD, M.D.
Institutes of Medicine, by SAMUEL JACKSON, M.D.
Materia Medica and Therapeutics, by JOHN BELL, M.D.
Chemistry, by JAMES B. ROGERS, M.D., ROBERT E. ROGERS, M.D.
Obstetrics and Diseases of Women and Children, by HUGH L. HODGE, M.D., WM. HARRIS, M.D.
Principles and Practice of Surgery, by THOMAS HARRIS, M.D., W. POYNTELL JOHNSTON, M.D.
January 8th, 1842. M 2—2m W. E. HORNER, Secretary.

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